

Two Healthcare Programs Collaborate to Develop a Simulation Program: Challenges and Unexpected Benefits

Simulated experiences for students in health care education programs have become a widespread and common practice. It is now evident that clinical simulation leads to effective learning and is associated with positive results in the acquisition of knowledge and skills and in patient outcomes. At Vanier College, acquisition of high fidelity simulators (HFS) had been on the capital acquisition “wish list” for the Nursing and Respiratory Therapy (RT) programs for several years. As a venture that is very costly, it quickly became apparent that in order to implement a viable simulation project at Vanier, the two programs would need to collaborate and share resources.

The journey towards completion of this joint project has not been without its trials and tribulations. An unanticipated benefit of the collaborative effort required, however, has produced positive outcomes for both programs.

The Challenges

Recognizing professional “cultural” diversity

The preparatory point in the discussion had to surround the nature, focus, and needs of each program. The Nursing program comprises a general Nursing curriculum while the RT program maintains a focus on critical and acute care medicine. These differences presented a monumental challenge for faculty of both programs as they began to plan for the project.

Differences in program operation

At Vanier College, the Nursing program is three times the size of the Respiratory program. Priority for the use of the simulators by each program needed to be carefully considered.

Clinical placement in the RT program predominates in the third year, whereas the Nursing program incorporates clinical throughout their three-year program. Student schedules for the two programs are vastly different. The question of scheduling for simulation for the two programs needed to be deliberated and negotiated.

Space for the simulation labs

The simulation labs had to be constructed within existing space. This meant that one program was going to have to relinquish some of their space. As the RT labs were more conducive to construction of a simulation lab (existing gas and vacuum piping), space from this program’s facilities was required. As a consequence, during construction, RT activities were frequently scheduled within the Nursing labs. A combined Nursing and RT student resource room had to be created from the original RT teacher lounge. This necessitated moving the



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RT teachers into the Nursing teachers’ lunchroom. Much discussion and collaboration was required.

Equipment purchase

The features of the manikins and accessory equipment purchased needed to serve both programs. The long, arduous process of purchasing began with Nursing and RT faculty members working together on proposals to administrators and fundraisers; meeting with HFS suppliers; trialing different manikins; and entering a tendering process.

Personnel

Hiring a shared simulation lab technician and establishing the job role that would work for both Nursing and RT needed to be considered. Funding from various sources was acquired by faculty from both programs in order to integrate simulation into the curriculum as a joint project. Faculty from both programs attended conferences and visited established simulation centers together.

The Benefits

Collaboration is the cornerstone of success in any team. Interprofessional collaboration, where health care providers collaborate as equals, improves patient outcomes and quality of care.

Healthcare professional educational programs have a duty to prepare their students to work in collaborative clinical environments. To work effectively with other healthcare professionals, we must begin with the development of respect, insight and knowledge of each other's roles.

The Nursing and RT programs have existed on the same floor of the main building at Vanier College for over 46 years. For at least 42 of those years, despite a shared healthcare focus, each program functioned completely independently of the other. The majority of Nursing students had little or no knowledge of the role of an RT. RT students were equally unaware of the true role of the nurse. Faculty from each program may have been equally uninformed concerning their colleagues in the other program. Teachers and students alike never crossed the imaginary line that separated the departments.

The collaborative associations with other health care professionals established while our students study in our programs will endure in the professional lives of our graduates.

Implementation of a high fidelity simulation program has had a profound effect on the sense of cooperation and communication between our two programs. The shared facilities – simulation labs, the Nursing and RT student resource room, and the Nursing and RT faculty lounge – have fostered in all of us an appreciation for the fact that opportunities for collaborative learning extend well beyond the interactions inherent in interprofessional clinical simulation. Second-year RT students now lead a lab on airway suctioning for third-year Nursing students. Other cooperative activities have included Code Blue scenarios – with RT students engaging in a simulated advanced cardiovascular life support (ACLS) scenario. In addition to joint clinical simulation activities, joint lab sessions are planned in which Nursing students support RT students' patient assessment skills.

Developing a simulation project with another program has not been without its challenges. Compromise had to be made in so many areas; negotiation continues to be at the forefront of all discussions pertaining to the simulation project. Aspects of this shared project have led, however, to a new paradigm of collaborative teaching in the Nursing and RT programs at Vanier College. It is our belief that the collaborative associations with other health care professionals established while our students study in our programs will endure in the professional lives of our graduates.



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To Learn More

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